

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Mary Thomas for Congress

ADDRESS (number and street)

3551 Blairstone Road

Suite 128-261

Check if different
than previously
reported. (ACC)

Tallahassee

FL

32301

2. FEC IDENTIFICATION NUMBER ▼

C

C00581397

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Konkus

Signature of Treasurer John Konkus

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

10

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Mary Thomas for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	178083.62	178083.62
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	178083.62	178083.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42361.43	42361.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	42361.43	42361.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	160722.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	25000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 119

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Mary Thomas for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

158201.58

158201.58

(ii) Unitemized.....

11588.39

11588.39

(iii) TOTAL of contributions from individuals ▶

169789.97

169789.97

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

8293.65

8293.65

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

178083.62

178083.62

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

25000.00

25000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

25000.00

25000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

203083.62

203083.62

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 119

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42361.43	42361.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42361.43	42361.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	203083.62
25. SUBTOTAL (add Line 23 and Line 24).....	203083.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42361.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	160722.19

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 119

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Joseph Abraham

Mailing Address 4106 Imperial Eagle Drive

City

Valrico

State

FL

Zip Code

33594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Signature Realty Assoc.

Occupation
Agent

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 16 2015

Transaction ID : SA11AI.4593

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

Dr. MK Acharya

Mailing Address 40 Woodglen Court

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 29 2015

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. MK Acharya

Mailing Address 40 Woodglen Court

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period

2450.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Srilatha Acharya

Mailing Address 40 Woodglan Court

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Srilatha Acharya

Mailing Address 40 Woodglan Court

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period

2450.00

Full Name (Last, First, Middle Initial)

David Adams

Mailing Address 2965 Shamrock North
#29

City

Tallahassee

State

FL

Zip Code

32309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adams Insurance Inc.

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 119

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Christopher Antley

Mailing Address 1981 Charlais Street

City

Tallahassee

State

FL

Zip Code

32317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idea paint

Occupation

Sales Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Roberto Araujo

Mailing Address 5540 Clipper Court

City

New Port Richey

State

FL

Zip Code

34853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Hematologist Oncologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Joy Ashbrook

Mailing Address 909 20th Street

City

Port St. Joe

State

FL

Zip Code

32458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf County Schools

Occupation

Teacher

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4561

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Drew Atkinson

Mailing Address 1130 Brafforton Drive

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Florida

Occupation

General Counsel

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period

250.00

A.

Full Name (Last, First, Middle Initial)

Michael Avella

Mailing Address 7 Budd Lane

City

East Greenbush

State

NY

Zip Code

12061

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAD, LLC

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

250.00

Online

B.

Full Name (Last, First, Middle Initial)

Roy Bedard

Mailing Address 3057 Tipperary Drive

City

Tallahassee

State

FL

Zip Code

32309

FEC ID number of contributing
federal political committee.

C

Name of Employer

RRB Systems

Occupation

Professional Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2015

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period

250.00

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Dr. David Bellamy

Mailing Address 3632 Mossy Creek Lane

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

B. Dr. Elizabeth Berchmans

Mailing Address 2604 Royal Glen Drive

City

Arlington

State

VA

Zip Code

76012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		16		2015

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

C. Dr. John Berchmans

Mailing Address 2604 Royal Glen Drive

City

Arlington

State

TX

Zip Code

76012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Arlington

Occupation

Oncology Radiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		16		2015

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Fred Beshears

Mailing Address Rout 4

Box 4168

City

Monticello

State

FL

Zip Code

32344

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Agriculture

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

Milind Bharvirkar

Mailing Address 2668 Tanglewood Trail

City

Palm Harbor

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Priatek, LLCOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

Brandon Boyd

Mailing Address 2545 Ulysses Road

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period

500.00

Online

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 119

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Gary Brett

Mailing Address 1448 Bill Adams Road

City

Perry

State

FL

Zip Code

32347

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.A. Rigoni, Inc.

Occupation

Logger

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2015

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

John Brunetti Jr.Mailing Address 3201 NE 183 Street
2802

City

Aventura

State

FL

Zip Code

33160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hialeah Park Casino

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

John Brunetti Sr.

Mailing Address 84 Bal Bay Drive

City

Bal Harbour

State

FL

Zip Code

33254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hialeah Park Casino

Occupation

Chairman

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Joanna Bryan

Mailing Address 109 Periwinkle Drive

City

Port St. Joe

State

FL

Zip Code

32456

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Burgess

Mailing Address 6746 Gaines Ferry Road

City

Flowery Branch

State

GA

Zip Code

30542

FEC ID number of contributing
federal political committee.

C

Name of Employer
FloridaDreamPainter.comOccupation
Artist/Painter

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

C. Eben Carle

Mailing Address 14 Leadbeater Street

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charles Koch InstituteOccupation
Communications Strategist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period

250.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 119

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Fred Carlson

Mailing Address 15605 Cassandra Place

City

Tampa

State

FL

Zip Code

33624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carlson CorporationOccupation
Development

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		24		2015

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

Fred Carlson

Mailing Address 15605 Cassandra Place

City

Tampa

State

FL

Zip Code

33624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carlson CorporationOccupation
Development

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

Thomas Cassedy

Mailing Address 534 Rivera Drive

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cassedy Financial GroupOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Colleen Castille

Mailing Address 3209 Adwood Drive

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Terra Conservation Group

Occupation

Real Estate Sales Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Denise Clubbs

Mailing Address 4623 Baywood Drive

City

Lynn Haven

State

FL

Zip Code

32444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Therapist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Gregory Clubbs

Mailing Address 4623 Baywood Drive

City

Lynn Haven

State

FL

Zip Code

32444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Helicopters, Inc.

Occupation

Aviation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4299

Amount of Each Receipt this Period

500.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

James Cordero

Mailing Address 3905 Dorset Place

City

Tallahassee

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asphalt Contractors Assoc FL

Occupation

Dir. of Govt. Affairs

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4514

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Todd Danos

Mailing Address P.O. Box 433

City

Mathews

State

LA

Zip Code

70375

FEC ID number of contributing
federal political committee.

C

Name of Employer

JNB Operating, LLC

Occupation

Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

Grover David

Mailing Address 3024 Kings Harbour Road

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marine Transportation Services

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2015

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. James Davis

Mailing Address 2727 Miller Landing Road

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Dentist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2015

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dr. James Davis

Mailing Address 2727 Miller Landing Road

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Dentist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4516

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. Scott Dean

Mailing Address 3025 Kings Harbour Road

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nephrology Associates, PAOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4266

Amount of Each Receipt this Period

500.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 119

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mark Delegal

Mailing Address 3952 West Millers Bridge Road

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland and Knight

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 22 2015

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dennis, Jackson, Martin & Fontela, PA

Mailing Address 1591 Summit Lake Drive
Suite 200

City

Tallahassee

State

FL

Zip Code

32317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 15 2015

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period

1000.00

Craig Dennis \$250 William Jackson \$250 Peter Marin
\$250 Rogelio Fontela \$250
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Chip Diehl

Mailing Address 4306 W. Sevilla Street

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 21 2015

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period

250.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mitch Drew

Mailing Address 8025 Oak Grove Plantation Road

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

SouthGroup

Occupation

Real Estate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

Scott Dungey

Mailing Address 10026 Surrey Farms Lane

City

Tallahassee

State

FL

Zip Code

32309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consulting Solutions Internati

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. Sameh Elamir

Mailing Address 1213 Savannah Drive

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Don Everett Jr.

Mailing Address 200 Bishop Blvd

City	State	Zip Code
Perry	FL	32347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ware Oil & Supply Company Inc.Occupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. AnnRuth Figg

Mailing Address 410 North Ride

City	State	Zip Code
Tallahassee	FL	32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		19		2015

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

C. Rick Figlio

Mailing Address 123 S Outh Calhoun Street

City	State	Zip Code
Tallahassee	FL	32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asuley and McMullen

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		15		2015

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Rick Figlio

Mailing Address 123 SOutH Calhoun Street

City	State	Zip Code
Tallahassee	FL	32301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Asuley and McMullenOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4281

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

B. Kenneth Ford

Mailing Address 2402 Pretty Bayou Drive

City	State	Zip Code
Panama City	FL	32405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept. of the NavyOccupation
Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Christopher Francis

Mailing Address 298 Wilson Green Blvd

City	State	Zip Code
Tallahassee	FL	32305

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Dept. of TransportationOccupation
Senior Transportation Specialist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Friends of Cliff Stearns

Mailing Address P.O. Box 303

City

Silver Springs

State

FL

Zip Code

34488

FEC ID number of contributing
federal political committee.**C** C00229377

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : SA11AI.4399

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Digvijay Gaekwad

Mailing Address 2100 SE 73rd Loop

City

Ocala

State

FL

Zip Code

34480

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Self

Hotelier

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

Harsha Gagdam

Mailing Address 1617 Katie Court

City

Sanford

State

FL

Zip Code

32771

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Symantec Corp

Architect

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period

250.00

Online

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Priya Ghumman

Mailing Address 1424 SE 5th Street

City

Ocala

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCCAOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		14		2015

Transaction ID : SA11AI.4347

Amount of Each Receipt this Period

1000.00

A.

Full Name (Last, First, Middle Initial)

Jason Gonzalez

Mailing Address 1265 Penny Lane

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shutts and Bowen, LLPOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period

500.00

Online

B.

Full Name (Last, First, Middle Initial)

Rachel Goodson

Mailing Address 3158 Dunbar Lane

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period

250.00

Online

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mallie Goostree

Mailing Address 208 South Cove Terrace Drive

City

Panama City

State

FL

Zip Code

32401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Pierce Graney

Mailing Address 8513 Trade Winds Drive

City

Port Saint Joe

State

FL

Zip Code

32456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Businessowner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Pierce Graney

Mailing Address 8513 Trade Winds Drive

City

Port Saint Joe

State

FL

Zip Code

32456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Businessowner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Robert Green

Mailing Address 6296 Old Water Oak Road

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

David GriffinMailing Address 201 South Monroe Street
Suite 201

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gray Robinson

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2015

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Joseph Hakos

Mailing Address 1518 Santa Anita Drive

City

Lynn Haven

State

FL

Zip Code

32444

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

Occupation

PC Tech

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

James Harrison

Mailing Address 8891 Bixler Trail

City

Tallahassee

State

FL

Zip Code

32309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

Cynthia Henderson

Mailing Address 2000 Thomasville Road

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Cynthia Henderson

Mailing Address 2000 Thomasville Road

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1373.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period

373.00

In-kind - Reception

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2373.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Cynthia Henderson

Mailing Address 2000 Thomasville Road

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2473.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period

1100.00

A.

Full Name (Last, First, Middle Initial)

Reynolds Henderson

Mailing Address P.O. Box 1380

City

Santa Rosa Beach

State

FL

Zip Code

32459

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Investor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period

1000.00

Online

B.

Full Name (Last, First, Middle Initial)

Carly Hermanson

Mailing Address 416 E. Carolina Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of FloridaOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period

1000.00

Online

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Elisabeth Higginbotham**A.**

Mailing Address 1630 Isabel Court

City

Tallahassee

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Jeffrey Howell**B.**

Mailing Address 844 Santa Rosa Drive

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phipps & Howell

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

James Illikal**C.**

Mailing Address 309 Carriage Oak Place

City

Sffner

State

FL

Zip Code

33584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Four Star Fuel, Inc.

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Zana Ireland

Mailing Address 2443 Transmitter Road

City

Panama City

State

FL

Zip Code

32404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Digitrax, Inc.

Occupation

Business Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4320

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

Anil Jaffer

Mailing Address 113 South Valrico Road

City

Valrico

State

FL

Zip Code

33594

FEC ID number of contributing
federal political committee.

C

Name of Employer

AA Construction

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. Ravi Jahagirdar

Mailing Address 396 N Spaulding Cove

City

Heathrow

State

FL

Zip Code

32746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc in Urology of Central FL

Occupation

Urologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Paul Jallo

Mailing Address 290 Tall Oak Trail

City

Tarpon Springs

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jallo Oil

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Dr. Berchmans John

Mailing Address 2604 Royal Glen Drive

City

Arlington

State

VA

Zip Code

76012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Kozhimala John

Mailing Address 12006 Fort King Road

City

Dade City

State

FL

Zip Code

33525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayfront Medical Group

Occupation

Gastroenterologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2015

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Dr. Robert Johnson

Mailing Address 164 McInosh Drive

City

Savannah

State

GA

Zip Code

31406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meadows RMC

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

B. Thomas Jordan

Mailing Address 2445 Harawy HWY 2

City

Chattahoochee

State

FL

Zip Code

32324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newspace.info

Occupation

Commercial Real Estate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Joseph

Mailing Address 1244 Malvern Court

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Rose Joseph

Mailing Address 3504 Barbados Ave.

City

Cooper City

State

FL

Zip Code

33026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4618

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Sovi Joseph

Mailing Address 202 George Road S.E.

City

Port Charlotte

State

FL

Zip Code

33952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.4680

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Teresa Joseph

Mailing Address 4301 Valerie Street

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period

2700.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Dr. Panka Joshi

Mailing Address 2505 Tampa Road

Suite D

City

Palm Harbor

State

FL

Zip Code

34684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinellas Internal Medicine

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		25		2015

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Vipul Kabaria

Mailing Address 13910 N. Dale Mabey Ave.

Suite 1

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Anesthesiology

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Russell Kent

Mailing Address 2310 Chester Court

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Attorney General of Florida

Occupation

Special Counsel

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

500.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Art Kimbrough

Mailing Address 2916 Russ Street

City

Marianna

State

FL

Zip Code

32446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overstreet Funeral Group

Occupation

President/CEO/Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2015

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

B. Art Kimbrough

Mailing Address 2916 Russ Street

City

Marianna

State

FL

Zip Code

32446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overstreet Funeral Group

Occupation

President/CEO/Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period

100.00

Online

Full Name (Last, First, Middle Initial)

C. Jacqueline Konkus

Mailing Address 17116 Chiswell Road

City

Poolesville

State

MD

Zip Code

20837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Jacqueline Konkus

Mailing Address 17116 Chiswell Road

City

Poolesville

State

MD

Zip Code

20837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2015

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

John Konkus

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jamestown Associates

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

John konkus Sr.

Mailing Address 17116 Chiswell Road

City

Poolesville

State

MD

Zip Code

20837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2015

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

John Konkus

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jamestown Associates

Occupation

Consultant

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2015

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

John konkus Sr.

Mailing Address 17116 Chiswell Road

City

Poolesville

State

MD

Zip Code

20837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

George Korath

Mailing Address 16303 Payton Court

City

Tampa

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Postal Service

Occupation

Statistician

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2015

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

George Korath

Mailing Address 16303 Payton Court

City

Tampa

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Postal Service

Occupation

Statistician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period

400.00

Online

Full Name (Last, First, Middle Initial)

Dr. Nadakvil Koshy

Mailing Address 4602 Stone Ridge Trail

City

Sarasota

State

FL

Zip Code

34232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sarasota Cardiovascular Group

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4688

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dr. Jayaraman Krishna

Mailing Address 1170 Golf Blvd
Apt 1101

City

Clearwater

State

FL

Zip Code

33767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 37 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Saneeta Krishna**A.**

Mailing Address 1170 Golf Blvd.

Apt. 1101

City

Clearwater

State

FL

Zip Code

33767

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Dr. Sunil Kumar**B.**

Mailing Address 7420 NW 5th Street

#103

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Joey Kurian**C.**

Mailing Address 18118 Diamon Cove Court

City

Tampa

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Hon. W.J. Latvala

Mailing Address 2050 Tall Pines Drive

Suite A

City

Largo

State

FL

Zip Code

33771

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Florida

Occupation

Senator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		28		2015

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period

1000.00

A.

Full Name (Last, First, Middle Initial)

Pizzo Laurie

Mailing Address 211 Satsuma Street

City

Tallahassee

State

FL

Zip Code

32302

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Florida

Occupation

Clerk

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		21		2015

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

1000.00

Online

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Layish

Mailing Address 500 Sailwind Circle

City

Orlando

State

FL

Zip Code

32810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period

500.00

Online

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Jim Lefler

Mailing Address 704 West Braddock Street

City

Tampa

State

FL

Zip Code

33603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital TampaOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Stephen Liner

Mailing Address P.O. Box 584

City

Tallahassee

State

FL

Zip Code

32302

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Dept. of TransportationOccupation
Program Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. Manuel Lopez

Mailing Address 9471 SW 97th Street

City

Miami

State

FL

Zip Code

33176

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Transaction ID : SA11AI.4367

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Vikram Mani

A.

Mailing Address 2220 Sky Harbor Drive

City

Plano

State

TX

Zip Code

75025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Instruments

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Walter Manley

B.

Mailing Address 2804 Rabbit Hills Road

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Businessman

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Greg Marr

C.

Mailing Address 236 Nabb Loop

City

Tallahassee

State

FL

Zip Code

32317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retried

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Greg Marr

Mailing Address 236 Nabb Loop

City

Tallahassee

State

FL

Zip Code

32317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retried

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2015

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. Veena Mathur

Mailing Address 1 Putney Bridge Lane

City

Simpsonville

State

SC

Zip Code

29681

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Radiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Charles Maulsby

Mailing Address P.O. Box 433

City

Greenville

State

FL

Zip Code

32331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Plywoods, Inc.

Occupation

Vice President/Secretary

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. David McKalip

Mailing Address 1078 42nd Ave. North

City

St. Petersburg

State

FL

Zip Code

33703

FEC ID number of contributing
federal political committee.

C

Name of Employer

David M. McKalip, M.D.

Occupation

Neurological Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

Dr. Ann Mecherikunnel

Mailing Address P.O. Box 650580

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Internal Medicine Center

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2015

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period

2700.00

Online

Full Name (Last, First, Middle Initial)

Dr. Rahul Mehra

Mailing Address 2918 W. Harbor View Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mehra Vista Health

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

473.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period

473.76

In-kind - Reception

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3423.76

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Raymond Meier

Mailing Address 8600 Elmer Hill Road

City

Rome

State

NY

Zip Code

13440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bond, Shoeneck and King, PLLC

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

David Melvin

Mailing Address 4428 Lafayette Steet

City

Marianna

State

FL

Zip Code

32446

FEC ID number of contributing
federal political committee.

C

Name of Employer

David H. Melvin, Inc.

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Jason Miller

Mailing Address 2305 N. Lincoln Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jamestown Associates

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period

2700.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Michael Miller

Mailing Address 12544 Saint Charlotte Drive

City

Tampa

State

FL

Zip Code

35618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kunkel, Miller & Hament

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Hasmukh Mistry

Mailing Address 8203 Riviera Shore Court

City

Orlando

State

FL

Zip Code

32817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hash Enterprises

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Joseph Mitchell

Mailing Address 2963 Golden Eagle Drive East

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Car Consulting

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Vimesh Mithani

Mailing Address 3054 Wentworth Way

City

Tarpon Springs

State

FL

Zip Code

34688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Medical Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		20		2015

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Mercy Mukalel

Mailing Address 4303 Church Pond Place

City

Dover

State

FL

Zip Code

33527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2015

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

William Mulligan

Mailing Address 1824 Hickory Glen Road

City

Knoxville

State

TN

Zip Code

37932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pilot Travel Centers, LLC

Occupation

VP of Development

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		23		2015

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

1000.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Greg Munson

Mailing Address 1625 Hedgefield Court

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gunster

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

B. Dr. Hasan Murshed

Mailing Address 528 Bunkers Cove

City

Panama City

State

FL

Zip Code

32401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

C. Robert Nabell

Mailing Address 290 Rosehill Dr. E.

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

500.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Ravindra Nathan

Mailing Address 11159 Cindy Drive

City

Brooksville

State

FL

Zip Code

34601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2015

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

George Norris

Mailing Address P.O. Box 16118

City

Panama City

State

FL

Zip Code

32406

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Noris Agency

Occupation

Agent

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4557

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dr. Victor Ortega

Mailing Address 2702 Whisperwood Lane

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Pulmonary Assoc.

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : SA11AI.4434

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Rebecca Pagani

Mailing Address 6007 South Elkins Avenue

City

Tampa

State

FL

Zip Code

33612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akerman

Occupation

Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dr. Varj Panara

Mailing Address 1907 Belford Court

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

JSA Health Care

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

Dr. Sunil Panchal

Mailing Address 4911 Van Dyke Road

City

Lutz

State

FL

Zip Code

33558

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Inst. of Pain

Occupation

Medical Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Amish Parikh

Mailing Address 670 North Maitland

Suite 1003

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Cardiology

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

426.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4738

Amount of Each Receipt this Period

426.07

In-kind - Reception

Full Name (Last, First, Middle Initial)

Dr. Beena Parikh

Mailing Address 9347 Charles E. Limpus Road

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

Manish Parikh

Mailing Address 4654 River Gem Avenue

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Car Wash Palace

Occupation

Businessowner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4336

Amount of Each Receipt this Period

250.00

CC Form

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1676.07

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Greg Parks

Mailing Address 171 North Atlantic Ave.

Unit 26

City

Cocoa Beach

State

FL

Zip Code

32931

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

B. Carolyn Parlato

Mailing Address 1529 Crestview Ave.

City

Tallahassee

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2015

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Aakash Patel

Mailing Address 3811 West Pratt Street

Apt. A

City

Tampa

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elevate, Inc.Occupation
Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2015

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

201.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1451.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 51 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. P.K. Paul

Mailing Address 1147 Royal Drive

City

Brooksville

State

FL

Zip Code

34601

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		21		2015

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Kishore Peter

Mailing Address 18028 Cozumel Isle Drive

City

Tampa

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2015

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dr. Gregory Peters

Mailing Address 3613 Mossy Creek Lane

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Memorial Hospital

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2015

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

1000.00

Online

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 52 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Aravind Pillai

Mailing Address 819 E. First Street

City

Sanford

State

FL

Zip Code

32771

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Phillip Pitts

Mailing Address 1166 Walden Road

City

Tallahassee

State

FL

Zip Code

32317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Community College

Occupation

Academy Program Coordinator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Ananth Prasad

Mailing Address 1324 Maclay Road

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

HNTB Corp

Occupation

Senior Vice President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2015

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

John Puthusseril

Mailing Address 610 Laremie Ave.

City
Glenview

State
IL

Zip Code
60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2015

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Barbara Radcliff

Mailing Address 210 South Palm Street

City
Port Saint Joe

State
FL

Zip Code
32456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Retail Business Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

Govin Rajan

Mailing Address 4908 64th Drive West

City
Bradenton

State
FL

Zip Code
34210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Padmini Rajan

Occupation
Advisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. B.R. Raju

Mailing Address 522 Colonial Drive

City

Brooksville

State

FL

Zip Code

34601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology AssociatesOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dr. Seela Ramesh

Mailing Address 2628 Teton Stone Run

City

Orlando

State

FL

Zip Code

32828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digestive & Liver Center of FLOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dr. Seela Ramesh

Mailing Address 2628 Teton Stone Run

City

Orlando

State

FL

Zip Code

32828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digestive & Liver Center of FLOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Dr. Sirsha Rao

Mailing Address 2113 SW 23rd Palce

City

Ocala

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Inst. Cent. FL.

Occupation

Cardiologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : SA11AI.4387

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Francis Rentz

Mailing Address 2065 THomasville Road
Suite 1

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

SouthLand Commercial Advisors

Occupation

Commercial Real Estate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ryan Reynolds

Mailing Address 2914 Brandford Road

City

Augusta

State

GA

Zip Code

30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

WPA Research

Occupation

Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2015

Transaction ID : SA11AI.4397

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1775.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 56 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Michael Rohan

Mailing Address 239 South Cove Terrace Drive

City

Panama City

State

FL

Zip Code

32401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panama City Orthopedics

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1985.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period

1985.64

In-kind - Dinner Party

Full Name (Last, First, Middle Initial)

Thelma Rohan

Mailing Address 239 South Cove Terrace Drive

City

Panama City

State

FL

Zip Code

32401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panama City Orthopedics

Occupation

Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2317.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4730

Amount of Each Receipt this Period

2317.11

In-kind - Reception

Full Name (Last, First, Middle Initial)

Kenneth Romanski

Mailing Address 1614 McGuire School Drive

City

Delanson

State

NY

Zip Code

12053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Businessman

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period

1350.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5652.75

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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PAGE 57 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Saihari Sadanandan

Mailing Address 9455 Silverthorn Road

City

Seminole

State

FL

Zip Code

33777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clearwater Cardiovascular

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Anita Salak

Mailing Address 3316 Harbour Place

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4520

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

Anita Salak

Mailing Address 3316 Harbour Place

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Dr. Mohan Saoji

Mailing Address 1310 Suzanne Way

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Dentist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Larry Sellers

Mailing Address 224 Rosehill Drive North

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland and Knight LLP

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2015

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

C. Michael Sevi

Mailing Address 685 Gramatan Avenue

City

Fleetwood

State

NY

Zip Code

10552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marsh and McLennan

Occupation

Senior Compliance Officer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2015

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period

250.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 59 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Sonal Shah

Mailing Address 3739 Bayshore Blvd. N.E.

City

St. Petersburg

State

FL

Zip Code

33703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulfcoast Medical & Geriatric

Occupation

Medical Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period

500.00

A.

Full Name (Last, First, Middle Initial)

Dr. Rakesh Sharma

Mailing Address 1819 Alicia Way

City

Clearwater

State

FL

Zip Code

33764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart and Vascular

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period

500.00

Online

B.

Full Name (Last, First, Middle Initial)

Dr. Harinath Sheela

Mailing Address 2838 Dover Glen

City

Orlando

State

FL

Zip Code

32828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Digestive & Liver Center FL

Occupation

Medical Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period

500.00

CC Form

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Raja Shekhar

Mailing Address 1034 High Meadow Drive

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer

CanDo Tech Consulting

Occupation

IT Contractor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stuart Shoaf

Mailing Address P.O. Box 772

City

Port Saint Joe

State

FL

Zip Code

32457

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joe Natural Gas Co.

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lorri Silvera

Mailing Address 1535 SE 54th Place

City

Ocala

State

FL

Zip Code

34480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pecunia Group

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2015

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 61 OF 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Antony Skaria

Mailing Address 11432 Hammock Oaks

City

Lithia

State

FL

Zip Code

33541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Citi

Occupation

Financial Advisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2015

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jim Smallwood

Mailing Address 2110 West 23rd Street
Suite D

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smallwood Investments, LLC

Occupation

Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Seela Srinivas

Mailing Address 2642 Fondale Trail

City

Orlando

State

FL

Zip Code

32828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Digestive & Liver Center of FL

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period

1000.00

CC Form

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 119

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Kay Stafford

Mailing Address One Cumberland Avenue

City

Plattsburgh

State

NY

Zip Code

12901

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMA Consulting ServicesOccupation
Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4721

Amount of Each Receipt this Period

1350.00

Full Name (Last, First, Middle Initial)

James Stiles

Mailing Address 1921 Greenwood Drive

City

Tallahassee

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Properties, Inc.Occupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

Dr. Annie Thomas

Mailing Address 3457 Shoreline Circle

City

Palm Harbor

State

FL

Zip Code

34684

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		12		2015

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Annie Thomas

Mailing Address 3457 Shoreline Circle

City

Palm Harbor

State

FL

Zip Code

34684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Dr. George Thomas

Mailing Address 4619 Riverview Blvd.

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dr. George Thomas

Mailing Address 1645 East Gate Way

City

Pleasanton

State

CA

Zip Code

94566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ultragenyx Pharmaceuticals

Occupation

Pharmacokinetic Scientist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period

750.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Dr. George Thomas

Mailing Address 4619 Riverview Blvd.

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Issac Thomas

Mailing Address 5042 Westly Drive

City

Tampa

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa MicrowaveOccupation
Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		21		2015

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

C. Dr. Jaya Thomas

Mailing Address 1735 Saddle Hill Road

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart and Vascular CenterOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		27		2015

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period

1000.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Kavita Thomas

Mailing Address 9471 S.W. 97th Street

City

Miami

State

FL

Zip Code

33176

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dr. Kavita Thomas

Mailing Address 9471 S.W. 97th Street

City

Miami

State

FL

Zip Code

33176

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2015

Transaction ID : SA11AI.4586

Amount of Each Receipt this Period

1700.00

Full Name (Last, First, Middle Initial)

Dr. Kavita Thomas

Mailing Address 9471 S.W. 97th Street

City

Miami

State

FL

Zip Code

33176

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2015

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Prem Thomas

Mailing Address 2 Gold Street

Apt. 2

City

New York

State

NY

Zip Code

10038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gurus

Occupation

Businessowner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
07 20 2015

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Prem Thomas

Mailing Address 2 Gold Street

Apt. 2

City

New York

State

NY

Zip Code

10038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gurus

Occupation

Businessowner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
09 29 2015

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Prem Thomas

Mailing Address 2 Gold Street

Apt. 2

City

New York

State

NY

Zip Code

10038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gurus

Occupation

Businessowner

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3100.00

Date of Receipt

M M / D D / Y Y Y Y
09 29 2015

Transaction ID : SA11AI.4872

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Dr. Tom Thomas

Mailing Address 3457 Shoreline Circle

City

Palm Harbor

State

FL

Zip Code

34684

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Reseracher

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2015

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Dr. Tom Thomas

Mailing Address 3457 Shoreline Circle

City

Palm Harbor

State

FL

Zip Code

34684

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Reseracher

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Glenda Thornton

Mailing Address 1188 Stoney Creek Way

City

Tallahassee

State

FL

Zip Code

32317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accretive HealthOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

1000.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Charles Trippe

Mailing Address 1401 Riverplace Blvd.

No. 706

City

Jacksonville

State

FL

Zip Code

32207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moseley Prichard, et al

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

1000.00

Online

Full Name (Last, First, Middle Initial)

Jason Vail

Mailing Address 3653 Dwight David Drive

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allen Norton Blue PA

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

Dr. Raghavendra Vijayanagar

Mailing Address 4953 Bayway Drive

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

R. Vihayanagar, MD, PA

Occupation

Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period

1000.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Herschel Vinyard

Mailing Address 4447 Chippewa Drive

City

Jacksonville

State

FL

Zip Code

32210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foley and Lardner

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
08 24 2015

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period

500.00

Online

Full Name (Last, First, Middle Initial)

Mehta Vipin

Mailing Address 7125 Horizon Circle

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mehta Engineering

Occupation

Chairman

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
08 20 2015

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Harry Walia

Mailing Address 639 Cornwell

City

Venice

State

FL

Zip Code

34285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Venician Development

Occupation

Construction

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 29 2015

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period

500.00

Online

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Lawrence Weitzner

Mailing Address 126 Delancy Street

City

Philadelphia

State

PA

Zip Code

18106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jamestown Associates

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Rebecca Wood

Mailing Address 16629 SE Pear Street

City

Blountstown

State

FL

Zip Code

32424

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Florida

Occupation

Executive Staff Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period

250.00

Online

Full Name (Last, First, Middle Initial)

August Yanke

Mailing Address P.O. Box 27562

City

Panama City

State

FL

Zip Code

32411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3450.00

158201.58

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2015

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

132.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : SA11D.4743

Amount of Each Receipt this Period

132.23

In-kind - Mailbox Set Up

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

150.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

Transaction ID : SA11D.4744

Amount of Each Receipt this Period

18.54

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

162.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : SA11D.4746

Amount of Each Receipt this Period

12.00

In-kind - Postage

SUBTOTAL of Receipts This Page (optional).....

162.77

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1475.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 21 2015

Transaction ID : SA11D.4802

Amount of Each Receipt this Period

1313.20

In-kind - Airline Ticket Delta

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1565.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 21 2015

Transaction ID : SA11D.4863

Amount of Each Receipt this Period

89.77

In-kind - Food for campaign meeting

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1581.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 27 2015

Transaction ID : SA11D.4745

Amount of Each Receipt this Period

15.40

In-kind - Postage

SUBTOTAL of Receipts This Page (optional).....

1418.37

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1607.49

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 27 2015

Transaction ID : SA11D.4801

Amount of Each Receipt this Period

26.35

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1613.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 29 2015

Transaction ID : SA11D.4770

Amount of Each Receipt this Period

5.66

In-kind - Taxi Cab Washington DC

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1619.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 30 2015

Transaction ID : SA11D.4771

Amount of Each Receipt this Period

6.12

In-kind - Taxi Cab Washington DC

SUBTOTAL of Receipts This Page (optional).....

38.13

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3264.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 30 2015

Transaction ID : SA11D.4805

Amount of Each Receipt this Period

1314.40

In-kind - Airline Tickets

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1950.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 30 2015

Transaction ID : SA11D.4806

Amount of Each Receipt this Period

330.91

In-kind - Hotel Capitol Hill Suites Washington DC

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3272.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 04 2015

Transaction ID : SA11D.4769

Amount of Each Receipt this Period

8.12

In-kind - Postage

SUBTOTAL of Receipts This Page (optional).....

1653.43

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6603.99

Date of Receipt

08 / **09** / **2015**

Transaction ID : SA11D.4865

Amount of Each Receipt this Period

3331.29

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6620.41

Date of Receipt

08 / **17** / **2015**

Transaction ID : SA11D.4751

Amount of Each Receipt this Period

16.42

In-kind - Office Supplies Office Depot Tallahassee

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6622.87

Date of Receipt

08 / **18** / **2015**

Transaction ID : SA11D.4752

Amount of Each Receipt this Period

2.46

In-kind - Postage

SUBTOTAL of Receipts This Page (optional).....

3350.17

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6630.25

Date of Receipt

08 / **19** / **2015**

Transaction ID : SA11D.4768

Amount of Each Receipt this Period

7.38

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6643.37

Date of Receipt

08 / **24** / **2015**

Transaction ID : SA11D.4753

Amount of Each Receipt this Period

13.12

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6786.36

Date of Receipt

08 / **26** / **2015**

Transaction ID : SA11D.4807

Amount of Each Receipt this Period

142.99

In-kind - Printing Gandy's Tallahassee

SUBTOTAL of Receipts This Page (optional).....

163.49

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
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Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6797.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : SA11D.4754

Amount of Each Receipt this Period

10.66

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6885.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2015

Transaction ID : SA11D.4803

Amount of Each Receipt this Period

88.30

In-kind - Hotel Doubletree Tampa RPOF

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6917.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Transaction ID : SA11D.4766

Amount of Each Receipt this Period

32.07

In-kind - Gasoline

SUBTOTAL of Receipts This Page (optional).....

131.03

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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Mary Thomas

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City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7070.96

Date of Receipt

M M / D D / Y Y Y Y
09 02 2015

Transaction ID : SA11D.4764

Amount of Each Receipt this Period

123.20

In-kind - Reception Southwood Golf Club Tallahassee

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6947.76

Date of Receipt

M M / D D / Y Y Y Y
09 02 2015

Transaction ID : SA11D.4765

Amount of Each Receipt this Period

30.37

In-kind - Office Supplies Office Depot Tallahassee

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7091.31

Date of Receipt

M M / D D / Y Y Y Y
09 03 2015

Transaction ID : SA11D.4763

Amount of Each Receipt this Period

20.35

In-kind - Gasoline

SUBTOTAL of Receipts This Page (optional).....

173.92

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7099.51

Date of Receipt

09 / **04** / **2015**

Transaction ID : SA11D.4750

Amount of Each Receipt this Period

8.20

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7102.98

Date of Receipt

09 / **09** / **2015**

Transaction ID : SA11D.4755

Amount of Each Receipt this Period

3.47

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7150.68

Date of Receipt

09 / **10** / **2015**

Transaction ID : SA11D.4759

Amount of Each Receipt this Period

23.85

In-kind - Gasoline

SUBTOTAL of Receipts This Page (optional).....

35.52

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7126.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Transaction ID : SA11D.4761

Amount of Each Receipt this Period

23.85

In-kind - Gasoline

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7969.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Transaction ID : SA11D.4804

Amount of Each Receipt this Period

818.40

In-kind - Airline Tickets

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7993.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11D.4756

Amount of Each Receipt this Period

20.58

In-kind - Postage

SUBTOTAL of Receipts This Page (optional).....

862.83

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7973.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11D.4757

Amount of Each Receipt this Period

0.49

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7972.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11D.4758

Amount of Each Receipt this Period

3.60

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8011.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11D.4762

Amount of Each Receipt this Period

17.68

In-kind - Gasoline

SUBTOTAL of Receipts This Page (optional).....

21.77

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2015

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8041.48

Date of Receipt

09 / **16** / **2015**

Transaction ID : SA11D.4748

Amount of Each Receipt this Period

2.20

In-kind - Postage

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8039.28

Date of Receipt

09 / **16** / **2015**

Transaction ID : SA11D.4760

Amount of Each Receipt this Period

27.85

In-kind - Gasoline

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
Self

Occupation
Attorney

Receipt For: 2015

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8053.00

Date of Receipt

09 / **17** / **2015**

Transaction ID : SA11D.4747

Amount of Each Receipt this Period

11.52

In-kind - Postage

SUBTOTAL of Receipts This Page (optional).....

41.57

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8071.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : SA11D.4800

Amount of Each Receipt this Period

18.76

In-kind - Gasoline

Full Name (Last, First, Middle Initial)

Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.**C** H6FL02190Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8293.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : SA11D.4808

Amount of Each Receipt this Period

221.89

In-kind - Printing Gandy's Tallahassee

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

240.65

TOTAL This Period (last page this line number only).....

8293.65

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

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Mary Thomas

Mailing Address 2482 Goldenrod Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C H6FL02190

Name of Employer
SelfOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

33293.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA13A.4519

Amount of Each Receipt this Period

25000.00

Check # 2202

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

25000.00

TOTAL This Period (last page this line number only).....

25000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

Goodwood Museum and Garden, Inc.

Mailing Address 1600 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y
09 23 2015

Transaction ID : SA14.4525

Amount of Each Receipt this Period

500.00

Refund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	21	2015

Amount of Each Disbursement this Period

267.00

Transaction ID : SB17.4913

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	24	2015

Amount of Each Disbursement this Period

10.05

Transaction ID : SB17.4912

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	29	2015

Amount of Each Disbursement this Period

115.65

Transaction ID : SB17.4911

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

392.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2015

Amount of Each Disbursement this Period

1.27

Transaction ID : SB17.4909

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

2.25

Transaction ID : SB17.4908

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

29.55

Transaction ID : SB17.4907

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

33.07

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

Amount of Each Disbursement this Period

23.32

Transaction ID : SB17.4906

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Amount of Each Disbursement this Period

1.27

Transaction ID : SB17.4905

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2015

Amount of Each Disbursement this Period

16.23

Transaction ID : SB17.4904

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

40.82

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2015

Amount of Each Disbursement this Period

2.25

Transaction ID : SB17.4902

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2015

Amount of Each Disbursement this Period

49.35

Transaction ID : SB17.4901

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2015

Amount of Each Disbursement this Period

39.30

Transaction ID : SB17.4900

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

90.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2015

Amount of Each Disbursement this Period

19.80

Transaction ID : SB17.4895

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2015

Amount of Each Disbursement this Period

12.30

Transaction ID : SB17.4894

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

43.50

Transaction ID : SB17.4893

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.60

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

18.45

Transaction ID : SB17.4891

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2015

Amount of Each Disbursement this Period

4.20

Transaction ID : SB17.4890

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

39.60

Transaction ID : SB17.4889

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

62.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

22.50

Transaction ID : SB17.4888

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Amount of Each Disbursement this Period

43.50

Transaction ID : SB17.4887

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2015

Amount of Each Disbursement this Period

78.60

Transaction ID : SB17.4886

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

144.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

Amount of Each Disbursement this Period

20.10

Transaction ID : SB17.4885

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2015

Amount of Each Disbursement this Period

10.05

Transaction ID : SB17.4884

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2015

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.4883

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

54.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

Amount of Each Disbursement this Period

83.40

Transaction ID : SB17.4882

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2015

Amount of Each Disbursement this Period

43.50

Transaction ID : SB17.4881

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2015

Amount of Each Disbursement this Period

10.05

Transaction ID : SB17.4880

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

136.95

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2015

Amount of Each Disbursement this Period

39.17

Transaction ID : SB17.4879

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2015

Amount of Each Disbursement this Period

39.99

Transaction ID : SB17.4878

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		27		2015

Amount of Each Disbursement this Period

19.80

Transaction ID : SB17.4877

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

88.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 97 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2015

Amount of Each Disbursement this Period

84.22

Transaction ID : SB17.4876

B. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

92.10

Transaction ID : SB17.4875

C. AnedotMailing Address 5555 Hilton Ave.
Ste. 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

371.10

Transaction ID : SB17.4873

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

547.42

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Bagel Bagel

Mailing Address 2401 West Pensacola Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2015

City	State	Zip Code
Tallahassee	FL	32304

Amount of Each Disbursement this Period

313.63

Purpose of Disbursement
Campaign Kick-Off LuncheonCategory/
Type

Transaction ID : SB17.4818

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Cherry CommunicationsMailing Address 227 North Bronough Street
#4100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2015

City	State	Zip Code
Tallahassee	FL	32301

Amount of Each Disbursement this Period

3400.00

Purpose of Disbursement
ResearchCategory/
Type

Transaction ID : SB17.4820

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. First Wave Concepts

Mailing Address 4258 Mayfair Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

City	State	Zip Code
Port Orange	FL	32129

Amount of Each Disbursement this Period

1585.00

Purpose of Disbursement
Website DevelopmentCategory/
Type

Transaction ID : SB17.4832

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5298.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. First Wave Concepts

Mailing Address 4258 Mayfair Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2015

City	State	Zip Code
Port Orange	FL	32129

Amount of Each Disbursement this Period

575.00

Purpose of Disbursement
Website UpdatesCategory/
Type

Transaction ID : SB17.4843

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Gandy's Printers

Mailing Address 1800 South Monroe Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2015

City	State	Zip Code
Tallahassee	FL	32301

Amount of Each Disbursement this Period

552.26

Purpose of Disbursement
MailingCategory/
Type

Transaction ID : SB17.4823

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Gandy's Printers

Mailing Address 1800 South Monroe Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2015

City	State	Zip Code
Tallahassee	FL	32301

Amount of Each Disbursement this Period

295.74

Purpose of Disbursement
PrintingCategory/
Type

Transaction ID : SB17.4837

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1423.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Gandy's Printers

Mailing Address 1800 South Monroe Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

City	State	Zip Code
Tallahassee	FL	32301

Amount of Each Disbursement this Period

204.22

Purpose of Disbursement
MailingCategory/
Type

Transaction ID : SB17.4838

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. Gandy's Printers

Mailing Address 1800 South Monroe Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

City	State	Zip Code
Tallahassee	FL	32301

Amount of Each Disbursement this Period

205.96

Purpose of Disbursement
MailingCategory/
Type

Transaction ID : SB17.4852

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. Goodwood Museum and Garden, Inc.

Mailing Address 1600 Miccosukee Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2015

City	State	Zip Code
Tallahassee	FL	32308

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
DepositCategory/
Type

Transaction ID : SB17.4834

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

910.18

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Goodwood Museum and Garden, Inc.

Mailing Address 1600 Miccosukee Road

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement
Rental Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2015

Amount of Each Disbursement this Period

951.38

Transaction ID : SB17.4844

B. Cynthia Henderson

Mailing Address 2000 Thomasville Road

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement
In-kind - Reception

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2015

Amount of Each Disbursement this Period

373.00

Transaction ID : SB17.4742

c. Lauren Henderson

Mailing Address 2047 Doomar Drive

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement
Paycheck

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2015

Amount of Each Disbursement this Period

1397.20

Transaction ID : SB17.4835

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2721.58

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Lauren Henderson

Mailing Address 2047 Doomar Drive

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement
Reimbursement for gasoline

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2015

Amount of Each Disbursement this Period

213.34

Transaction ID : SB17.4840

B. Lauren Henderson

Mailing Address 2047 Doomar Drive

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement
Paycheck

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2015

Amount of Each Disbursement this Period

1056.99

Transaction ID : SB17.4842

C. Lauren Henderson

Mailing Address 2047 Doomar Drive

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement
Reimbursement for gasoline

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

264.58

Transaction ID : SB17.4847

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1534.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Lauren Henderson

Mailing Address 2047 Doomar Drive

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement
Paycheck

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

1056.99

Transaction ID : SB17.4848

B. iDonate Pro

Mailing Address 2033 San Elijo Avenue #203

City	State	Zip Code
Cardiff by the Sea	CA	92007

Purpose of Disbursement
Database

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4858

C. Jamestown Associates

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan	NJ	07726

Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4825

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6356.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Jamestown Associates

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan	NJ	07726

Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

774.00

Transaction ID : SB17.4827

B. Jamestown Associates

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan	NJ	07726

Purpose of Disbursement
Design

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4829

C. Dr. Rahul Mehra

Mailing Address 2918 W. Harbor View Avenue

City	State	Zip Code
Tampa	FL	33611

Purpose of Disbursement
In-kind - Reception

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

473.76

Transaction ID : SB17.4735

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1547.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Dr. Amish ParikhMailing Address 670 North Maitland
Suite 1003

City Maitland State FL Zip Code 32751

Purpose of Disbursement
In-kind - Reception

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

426.07

Transaction ID : SB17.4740

B. Dr. Michael Rohan

Mailing Address 239 South Cove Terrace Drive

City Panama City State FL Zip Code 32401

Purpose of Disbursement
In-kind - Dinner Party

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

1985.64

Transaction ID : SB17.4737

c. Thelma Rohan

Mailing Address 239 South Cove Terrace Drive

City Panama City State FL Zip Code 32401

Purpose of Disbursement
In-kind - Reception

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2015

Amount of Each Disbursement this Period

2317.11

Transaction ID : SB17.4736

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4728.82

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Lorri Silvera

Mailing Address 1535 SE 54th Place

City	State	Zip Code
Ocala	FL	34480

Purpose of Disbursement
Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2015

Amount of Each Disbursement this Period

2096.64

Transaction ID : SB17.4822

B. Lorri Silvera

Full Name (Last, First, Middle Initial)

Mailing Address 1535 SE 54th Place

City	State	Zip Code
Ocala	FL	34480

Purpose of Disbursement
Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

Amount of Each Disbursement this Period

5290.00

Transaction ID : SB17.4839

c. Mary Thomas

Full Name (Last, First, Middle Initial)

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Airline Ticket Delta

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: FL

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2015

Amount of Each Disbursement this Period

1313.20

Transaction ID : SB17.4815

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8699.84

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Food for campaign meeting

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Disbursement this Period

89.77

Transaction ID : SB17.4864

B. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Disbursement this Period

15.40

Transaction ID : SB17.4797

c. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Disbursement this Period

26.35

Transaction ID : SB17.4816

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

131.52

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Airline Tickets

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Disbursement this Period

1314.40

Transaction ID : SB17.4812

B. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Disbursement this Period

8.12

Transaction ID : SB17.4775

c. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
08 / 09 / 2015

Amount of Each Disbursement this Period

3331.29

Transaction ID : SB17.4866

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4653.81

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

City	State	Zip Code
Tallahassee	FL	32311

Amount of Each Disbursement this Period

26.26

Purpose of Disbursement
In-kind - Office Supplies Office Depot Tallahassee

Transaction ID : SB17.4792

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 02

Full Name (Last, First, Middle Initial)

B. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2015

City	State	Zip Code
Tallahassee	FL	32311

Amount of Each Disbursement this Period

2.46

Purpose of Disbursement
In-kind - Postage

Transaction ID : SB17.4791

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 02

Full Name (Last, First, Middle Initial)

C. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2015

City	State	Zip Code
Tallahassee	FL	32311

Amount of Each Disbursement this Period

7.38

Purpose of Disbursement
In-kind - Postage

Transaction ID : SB17.4776

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: FL District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

26.26

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2015

Amount of Each Disbursement this Period

13.12

Transaction ID : SB17.4790

B. Mary Thomas

Full Name (Last, First, Middle Initial)

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Printing Gandy's Tallahassee

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2015

Amount of Each Disbursement this Period

142.99

Transaction ID : SB17.4810

c. Mary Thomas

Full Name (Last, First, Middle Initial)

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

Amount of Each Disbursement this Period

10.66

Transaction ID : SB17.4789

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

166.77

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2015

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Hotel Doubletree Tampa RPOF

Amount of Each Disbursement this Period

88.30

Transaction ID : SB17.4814

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 02

Full Name (Last, First, Middle Initial)

B. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Gasoline

Amount of Each Disbursement this Period

32.07

Transaction ID : SB17.4777

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 02

Full Name (Last, First, Middle Initial)

C. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Office Supplies Office Depot Tallahassee

Amount of Each Disbursement this Period

30.37

Transaction ID : SB17.4778

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

150.74

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

City	State	Zip Code
Tallahassee	FL	32311

Amount of Each Disbursement this Period

123.20

Purpose of Disbursement
In-kind - Reception Southwood Golf Club TallahasseeCategory/
Type

Transaction ID : SB17.4779

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 02

Full Name (Last, First, Middle Initial)

B. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

City	State	Zip Code
Tallahassee	FL	32311

Amount of Each Disbursement this Period

20.35

Purpose of Disbursement
In-kind - GasolineCategory/
Type

Transaction ID : SB17.4780

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 02

Full Name (Last, First, Middle Initial)

C. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2015

City	State	Zip Code
Tallahassee	FL	32311

Amount of Each Disbursement this Period

8.20

Purpose of Disbursement
In-kind - PostageCategory/
Type

Transaction ID : SB17.4793

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 02

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

151.75

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

3.47

Transaction ID : SB17.4788

B. Mary Thomas

Full Name (Last, First, Middle Initial)

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Gasoline

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

23.85

Transaction ID : SB17.4782

c. Mary Thomas

Full Name (Last, First, Middle Initial)

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Gasoline

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

23.85

Transaction ID : SB17.4784

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

51.17

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Airline Tickets

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Disbursement this Period

818.40

Transaction ID : SB17.4813

B. Mary Thomas

Full Name (Last, First, Middle Initial)

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Disbursement this Period

3.60

Transaction ID : SB17.4785

c. Mary Thomas

Full Name (Last, First, Middle Initial)

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Disbursement this Period

0.49

Transaction ID : SB17.4786

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

822.49

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: FL District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Amount of Each Disbursement this Period

20.58

Transaction ID : SB17.4787

B. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Gasoline

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: FL District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2015

Amount of Each Disbursement this Period

17.68

Transaction ID : SB17.4781

c. Mary Thomas

Mailing Address 2482 Goldenrod Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Gasoline

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: FL District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

Amount of Each Disbursement this Period

27.85

Transaction ID : SB17.4783

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

66.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Amount of Each Disbursement this Period

2.20

Transaction ID : SB17.4794

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: FL District: 02

Full Name (Last, First, Middle Initial)

B. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2015

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Postage

Amount of Each Disbursement this Period

11.52

Transaction ID : SB17.4795

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: FL District: 02

Full Name (Last, First, Middle Initial)

C. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
In-kind - Gasoline

Amount of Each Disbursement this Period

18.76

Transaction ID : SB17.4817

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: FL District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

32.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 118 OF 119

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Thomas for Congress

Full Name (Last, First, Middle Initial)

A. Mary Thomas

Mailing Address 2482 Goldenrod Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

City	State	Zip Code
Tallahassee	FL	32311

Amount of Each Disbursement this Period

221.89

Purpose of Disbursement
In-kind - Printing Gandy's TallahasseeCategory/
Type**Transaction ID : SB17.4809**

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 02

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

221.89

41893.56

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 119 OF 119

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4519

Mary Thomas for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Mary Thomas

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2482 Goldenrod Way

City

State

ZIP Code

Tallahassee

FL

32311

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 25 / 2015

Date Due

M M / D D / Y Y Y Y
N/A

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

25000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.